

**FEE  
TRANSMITTAL**

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	10/054,577
Filing Date	November 13, 2001
First Named Inventor	William C. Moyer
Examiner Name	Tnia L. Meonske
Group Art Unit	2183
Attorney Docket No.	SC11370TH

TOTAL AMOUNT OF PAYMENT

(\$)**120****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number

**503079**

Deposit Account Name

**FREESCALE  
SEMICONDUCTOR, INC.**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late Provisional filing	
1053	130	1053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte Reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	120	2251	55	Extension for reply within first month	120
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1530	2254	765	Extension for reply within fourth month	
1255	2080	2255	1040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1370	2453	685	Petition to revive - unintentional	
1501	1370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of IDS	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	300	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)**

(\$)

**2. EXTRA CLAIM FEES**

	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Total Claims	20		18	
Independent Claims	3		88	
Multiple Dependent			300	

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	* Reissue independent claims over original patent
1205	18	2205	9	* Reissue claim s in excess of 20 and over original patent

**SUBTOTAL (2)**

(\$)

\*\*or number previously paid, if greater; For Reissues, see above.

**SUBTOTAL (3)**(\$)**120**

\* Reduced by Basic Filing Fee Paid

**SUBMITTED BY**Name (Print/Type) **Joanna G. Chiu**

Signature

**Complete (if applicable)**Registration No. **43,629** Telephone **(512) 996-6839**


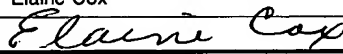
Date

**12/21/04**



2183  
2183

DOCKET NO. SC11370TH

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: SC11370TH
In re Application of	William C. Moyer	
Application Number	10/054,577	Filed November 13, 2001
For	METHOD AND APPARATUS FOR INTERFACING A PROCESSOR TO A COPROCESSOR	
Group Art Unit	2183	Examiner Tria L. Meonske
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 430.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 980.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1530.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2080.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 43,629 )	
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____	
12/21/04		
Date		Signature
		Joanna G. Chiu
		Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 1 form(s) are submitted	
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: 12/21/04		
Typed or printed name	Elaine Cox	
Signature		

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